

130.1009: List of Needleless Systems

The Department, in consultation with the advisory committee, shall compile, maintain and periodically update a list of needleless systems, with engineered injury protections meeting the purposes set forth in M.G.L. c. 111, § 53D. The list shall be available as a resource to assist hospitals in complying with 105 CMR 130.000.

130.1101: Interpreter Service – Requirement

Each acute care hospital, as defined in M.G.L. c. 111, § 25B, which is licensed by the Department and which provides emergency services as defined in 105 CMR 130.020, shall provide competent interpreter services in connection with all emergency department services. Such competent interpreter services shall be provided to every non-English speaker who seeks or receives emergency care or treatment. In the provision of competent interpreter services, the hospital shall comply with the provisions of 105 CMR 130.1101 through 130.1108 and M.G.L. c. 111, § 25J.

130.1102: Interpreter Service – Policies and Procedures

Each acute care hospital shall develop written policies and procedures, consistent with 105 CMR 130.1101 through 130.1108 that govern the provision of interpreter services and which include the qualifications for a coordinator of interpreter services.

130.1103: Interpreter Service – Coordinator

In connection with its provision of emergency department service each acute care hospital shall designate a coordinator of interpreter services who shall be responsible for:

- (A) conducting an annual language needs assessment of the service area which includes input from community-based organizations, and which includes identification of those languages for which notices shall be posted.
- (B) developing written policies and procedures for use in the hospital's emergency department to assure timely early identification and ongoing access for patients in need of interpreter services;
- (C) overseeing the training and assessment process for both interpreters and hospital staff who will be working with interpreters;
- (D) developing an ongoing, documented quality assurance program which includes problem identification, action plans, evaluation and follow-up and which is a part of the hospital's ongoing quality assurance process.
- (E) establishing and publicizing grievance procedures regarding access to interpreter services.

130.1104: Interpreter Service – Notices

Each acute care hospital shall provide oral and/or written notification to patients or individuals seeking or receiving emergency services in their primary language informing them of their right to receive interpreter services at no charge. Each acute care hospital shall also provide translated signage, as provided by the Department, that informs patients at key points of contact in the emergency department of the availability of no cost interpreter services. Each acute hospital shall have on file copies of M.G.L. c. 111, § 25J in languages identified by the needs assessment, and shall furnish such a copy in the language requested to any interested party on request.

130.1105: Interpreter Service – Access

Each acute care hospital shall provide all non-English speaking patients or individuals seeking or receiving emergency department services with access to competent interpreter services at no charge, by using bilingual staff, staff interpreters, or by contract arrangement. Provision and acceptance or refusal of interpreter services shall be documented in the patient's medical record. Interpreter services in the emergency department shall comply with the following standards:

- (A) Interpreter services shall be available, at a minimum, on an on-call basis 24 hours per day, seven days per week.
- (B) The collection of information from family members about family history and other collateral information is an acceptable practice, but does not substitute for the provision of interpreter services.
- (C) The hospital shall refrain from requiring, suggesting or encouraging patients to use family members or friends as interpreters.
- (D) The use of minor children as interpreters is prohibited.
- (E) Hospitals shall develop policies and procedures that identify those situations in which it will employ or contract for the on-call use of one or more interpreters for particular languages when needed, or use competent telephonic or televising services, provided that telephonic or televising interpreter services shall be used only where it can be documented that there is either:
 - (1) no reasonable way to anticipate the need for employed or contracted interpreters for a particular language; or,
 - (2) there occurs, in a particular instance, an inability to provide competent interpreter services by an employed or contracted interpreter.
- (F) The hospital shall establish written protocols to assist staff in readily accessing telephone-based interpreting services.
- (G) The hospital shall establish written procedures for timely and effective telephone communication with non English speaking patients.

130.1106: Interpreter Service – Training, Education, and Qualifications

Each acute care hospital through its Coordinator of Interpreter Services shall:

- (A) Ensure that staff and contract interpreters can demonstrate current bilingual proficiency and have received training that includes the skills and ethics of interpreting, and knowledge in both languages regarding the specialized terms (e.g. medical terminology) and concepts relevant to clinical or non-clinical encounters. If the hospital uses bilingual staff or volunteers for medical interpretation, these staff and volunteers shall receive the same training and can demonstrate the same skills as staff interpreters and/or contract interpreters.
- (B) Require and arrange for ongoing education and training for administrative, clinical and support staff in culturally and linguistically competent service delivery, e.g., patient cultural and health belief systems and working effectively with interpreters.

130.1107: Interpreter Service – Patient and Other Records

Each acute care hospital shall ensure that the primary spoken language and self-identified race/ethnicity of all patients coming to the emergency department are included in the hospital's management information system as well as any patient records used by hospital staff.

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130.1108: Interpreter Service – Translated Materials

Signage, commonly used written patient educational material, and vital documents, such as consent forms, discharge instructions, advanced directives, and applications for members of the predominant language groups in the hospital's service area as identified by the needs assessment in 105 CMR 130.1103 shall be translated and made available. For less commonly encountered languages, written notice of the right to receive competent oral translation of written materials should be provided in the primary language of non-English speaking patients.

REGULATORY AUTHORITY

105 CMR 130.000: M.G.L. c. 111, §§ 3, 51 through 56.